

3/20

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-20-2002 90046 002 ***150.00

DOCUMENT # P01000111054

1. Entity Name

ST. LUCIE AG SERVICES, INC.

Principal Place of Business

3301 N. INDIAN RIVER DRIVE
FORT PIERCE FL 34946

Mailing Address

P.O. BOX 12303
FORT PIERCE FL 34979

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1154071

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPELAND, SUSAN LAWTON ESQ.
 C/O GUNSTER, YOAKLEY & STEWART, P.A.
 800 SE MONTEREY COMMONS BLVD., SUITE 200
 STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Vice President ☐ Change ☒ Addition
 Susan Lawton Copeland
 3301 N. Indian River Dr.
 Ft Pierce FL 34946

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

President ☐ Change ☒ Addition
 Roy Allen Hodges, Jr.
 4300 McCarthy Rd
 Ft Pierce FL 34945

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Sec/Treas ☐ Change ☒ Addition
 Audrey Beamy
 851 Campbell Rd
 Ft Pierce FL 34945

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)